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ABSTRACT

A health aide is defined as an individual living in one of the organized living units on campus, employed by the University Health Center, who assists in extending preventive and therapeutic health services to house members. Three major objectives are enumerated: 1) early identification of health problems; 2) environmental control of factors which are conducive to causing health problems; and 3) health education. The health aide's position is viewed as an effective intermediary between the health service and its clients. Several years experience with the program reveals that health aides, appropriately trained, are valuable: 1) in helping students with minor health needs; 2) in disseminating important health concepts; and 3) in facilitating referrals where necessary. A crisis program, evolved from the parent program and focusing on emotional as well as physical crisis, is also discussed.
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HEALTH AIDE PROGRAMS AT UNIVERSITY OF NEBRASKA HEALTH CENTER

The present paper is a report on several years experience with Health Aides at the University of Nebraska Health Center. The Health Aide program had its inception in 1957 as an emergency measure to assist in meeting the Asian influenza epidemic on campus. The present Health Aide program gradually evolved in September, 1965, with health assistants in forty-six sororities, fraternities, and co-ops. During the 1967-68 school year the program was extended experimentally to include six dormitory units (floors), adding twelve Health Aides to the program. Success in this project resulted in further extension of the program into all dormitories in 1968-69 with a total of more than seventy Health Aides involved. At the present time there are over one hundred Health Aides involved in the on campus living units. In the future we expect to expand the programs to students living off campus.

A health aide is defined as "an individual, man or woman, living within one of the organized living units on the University of Nebraska campus, a paid employee of the University Health Center who assists the multidisciplinary health team in extending preventive and therapeutic health services to house members." He is a full-time student who is expected to continue in the position for at least two semesters.

The major thrust of the health aide program is prevention. Within this philosophy the three objectives are: (1) early identification of health problems, (2) environmental control of those factors that are conducive to the causation of health problems, and (3) the education of the members of the University community on how to maintain their health and fitness and utilize preventive procedures and medical facilities most effectively and efficiently.

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The health aide is an important link in achieving these three objectives. This is reflected in the assigned areas of activities. The health aide provides house members with first aid services, assists in identifying health problems, helps in securing the appropriate Health Center assistance for health problems, participates in environmental health and safety efforts, and health promotion activities to the members of the living units.

A health aide is selected on the basis of various qualifications. Interest in health and health education, desire to help others, sensitivity to the needs of others, availability to students, enthusiasm and imagination, competency in making sound judgments, confidence in one's own decision making, past participation in other university activities, ability in communicating ideas clearly, and social poise are included in the criteria reviewed in selection.

Several trial and error approaches have been attempted in the infancy of the program. Basically an attempt is made to teach the health aide an approach to effectively understand their duties and responsibilities to the fellow residents as well as the functions, role, and relationships to the University Health team. It is also important that the health aide functions are clearly understood by all others with whom he lives, and that a friendly, cooperative working relationship develops to best serve the living unit. Also as a member of the health team, it is most important to maintain principles of professional ethics and confidentiality in regard to personal and sensitive information secured in their capacity as health aides.

Prerequisites for the health aide training program is a course in first aid taken prior to or concurrent with training. First aid training is important because accidental injury is one of the major health problems on the campus. The proper handling and administration of first aid is a major factor in the

early recovery from the injury and is also important in avoiding unnecessary complications. The health aides are expected to learn the first aid procedures as described in the Red Cross First Aid Textbook and Reference Manual, which each health aide has as a part of his library. There is no restriction as to the student's field of study.

The health aide training program operates by way of a one credit hour public health course offered for two semesters. Currently the course is intended to develop a health aide's understanding of the common health problems and health needs of college students and to enhance his skill to be utilized in the care of the sick and injured and in the prevention of physical, emotional, environmental, and social health problems, whether they are individually or group oriented.

Briefly, the health aide training program consists of a weekly one to two hour class in which many topics and areas are covered. Various informational and educational materials and techniques are utilized, such as house programs, rap sessions, graphic materials, guest speakers, and audio-visual aids. Peer health education is stressed with the health aides so they in turn can stimulate and interest fellow resident students in health (emotional and physical) attitudes, habits, and behavior. They are also instructed in the viral illnesses that will occur, such as influenza, infections, mononucleosis, and so on. Other major health problems are discussed for their information and knowledge so that they can assist members of their living unit to understand the process of illness and what preventive measures can be carried out.

Another important area is that of emotional health. Health aides are given instruction regarding the recognition of emotional problems that become disruptive to the living situation and their role in the identification, referral, and follow-up. In this area, the training includes risk-taking behavior which results when certain chemical substances and drugs are taken by

injection or orally. A major cause for mortality in the college age group is suicides. The health aides are given instruction in the environmental situations and stresses that might cause this kind of action. The early identification, referral, and follow-up is again most strategic in the prevention of suicides.

The health aides maintain records not only from the medico-legal point of view but to determine incidence of health problems and to evaluate the program designed in the identification of these problems and their prevention.

Environmental health and safety is a part of the training program. Certain illnesses can be controlled by instituting and observing the basic principles of maintaining a safe and healthful environment. Safety in the living unit prevents tragedies and major financial losses.

In addition, during the weekly class, special materials are distributed from time to time and the health aides are kept informed as to current campus health problems and special programs. The health aides are taught and impressed to feel close to the University Health Center staff for any type of health problem, questions, consultation, suggestions, etc. The health aide has the unique opportunity to serve as a liaison between the students and the University Health Service, and this role is critical to both.

In the 1970-71 year, weekly data gained from health aide records will be correlated with statistics of illnesses seen in the medical clinic of the health center to provide possible findings into peak periods for certain types of illnesses. These findings might give some insight into preventive measures. Also the health center will be collecting data on the number of students referred by health aides that actually make use of the clinic.

In 1966 to 1969, a smoking education research project was completed by the University of Nebraska Health Center. The purpose of the project was to

"evaluate and assess the effectiveness of health aides as peer educators in a health education program." Effectiveness of the peer education approach was operationally defined as any one of three measurable changes related to smoking; knowledge about the health implications of smoking, attitudes toward smoking, or smoking behavior.

The findings from this study did suggest that certain social-psychological characteristics may be particularly significant in the effectiveness of the health aide as a change agent within his living unit. All health aides were seen as relatively effective in their capacity to impart health information, but not all health aides were influential in getting their peers to change smoking practices or alter attitudes. The key to any change in behavior or attitude was dependent upon the personal characteristics of the health aide himself and his relationships with peers. This study has facilitated improved selection of health aides.

Also this year, research methods are being evaluated as to the effectiveness of the health aide program through random sampling of peers. Living unit members will respond by questionnaire and will rate the health aide services and educational efforts that were provided through the health aide program. This information should assist the health center staff in evaluating the current criteria in selecting health aides and will provide needed information on the functioning of health aides which can then be used to modify and improve the health aide program.

Presently, a crisis health aide program has developed from the parent program as a specialized aide. Health Center staff had noted during the last three years an increasing effectiveness in the health aide working with students who were experiencing crisis situations of emotional and physical origin. It had also been observed that referrals to physicians and members of the mental health staff were more smoothly handled and referrals made more appropriately

and frequently than in the past. Again, prevention is the essence of our goals. Secondly, it is an important focus to develop the programs to place the responsibility upon the students themselves to further their education into emotional and physical health, independent living, and maturation.

The functions of the crisis health aide are to operate a crisis telephone answering service at the University Health Center, assist health personnel with inpatients and outpatients in the Center, and interview students in crisis. At the present time it is an on-campus program but in the near future the crisis aide program will be extended to off-campus living units for single or married students. The crisis aides function from 6 p.m. to 8 a.m. Monday through Friday and twenty-four hours on Saturday and Sunday.

The crisis health aide program is based upon the principles of crisis intervention and anticipating guidance programs as described by Caplan and Bloom. It has been apparent to mental health workers for a long time that the supply for graduate and professional trained therapists and counselors is never going to balance out with the demand. Hence, training of para-professionals or nonprofessionals within any given community would appear to be at least one approach to meeting this need.

In fact, in many major cities throughout the nation, neighborhood clinics, suicide centers, telephone answering and crisis services have been springing up. This trend in providing community mental health service has also begun to appear on university campuses as well.

The purpose of our present crisis health aide project is to train students in crisis intervention and problem-solving techniques so that they can competently function as crisis health aides for peers who come into the University Health Center after hours when regular mental health staff personnel are not ordinarily available. These workers are supervised by the nurses on duty and mental health staff on twenty-four hour call throughout the week and weekends.

The crisis aides are selected through the same criteria as already mentioned for the health aide program plus an individual psychiatric screening interview and psychological screening tests (Edwards Personal Preference Schedule and Tennessee Self Concept Scale).

Evaluation of the prospective crisis health aide consists of the psychiatric interview and psychological personality inventories in an attempt to correlate and provide some idea of the norms for evaluating individual responses. Essentially they consist of a series of questions which the individual answers about himself concerning emotional problems, worries, and other deviant behavior. The evaluation also extends to the investigation of individual differences in other nonpathological traits such as interests, motives, values, and interpersonal traits. Obviously the evaluations attempt to find the crisis aides' major usefulness to the program, need of further investigation, and psychopathological problems.

Following their selection, the crisis health aides are required to participate in a series of training sessions. The purpose of the training is to familiarize the trainee student with crisis intervention techniques, some of the more common crisis situations that they encounter as a member of the Health Center staff, and some practice in dealing with these problems directly through role-playing approach. Also the crisis aides are familiarized with all of the divisions of the University Health Center and in particular the current health aide program in general. Community referral resource agencies are made well known to the crisis health aide. It is made quite clear in the crisis aide program that their peer crisis students are to assume responsibilities and instructed to teach college students the preventive health concepts of present personal and future family living. When indicated, the crisis health aide refers the student for further professional help to deal with more critical health problems and situations.

In summary, the health aides in our programs are seeing approximately 1600 students per month for minor illnesses, especially upper respiratory infections, abdominal complaints, injuries, accidents, dysmenorrhea, emotional and/or situational reactions. Referrals for professional help during a given month range from 25 to 30%. From an economical view, there are considerable benefits with better utilization of manpower shortage, efficient use of inadequate space facilities in the Health Center, and financial savings. At the same time, we feel the students are getting excellent health coverage, training, independent experience, and health education. Other advantages are the increased efficiency of communication of the students to the University Health physicians and mental health staff with the result that referrals are more smoothly handled and referrals are made more frequently and appropriately than in the past. Disadvantages have been few, such as the health aides assuming too much responsibility, missing serious problems, and complaints from students, staff, or parents.